

**February 19, 2010**

**NEBRASKA CRIME COMMISSION  
2010 VICTIM ASSISTANCE  
GRANT APPLICATION KIT**

**Victims of Crime Act (Voca) and  
State Grant Funds for Victim Assistance**

**Grant Applications are due  
in the Crime Commission Office on  
April 29<sup>th</sup>, 2010 by 5:00 p.m. CDT  
No Exceptions**

One original and 18 copies of the complete grant application are due in the Crime Commission office by **5:00 p.m. CDT** on **April 29<sup>th</sup>, 2010**. No late or faxed applications will be accepted.

Please read the attached information thoroughly.

If you have questions, contact:

Lisa Stamm

Nebraska Crime Commission

301 Centennial Mall South

P.O. Box 94946

Lincoln, Nebraska 68509

(402) 471-3416

Email: [Lisa.Stamm@nebraska.gov](mailto:Lisa.Stamm@nebraska.gov)



In accordance with the Americans with Disabilities Act, the State would like to provide reasonable accommodation with respect to a grant application to persons with disabilities. If you need a reasonable accommodation, please contact the Nebraska Crime Commission, (402) 471-2194. (TDD 800-833-7352).

# 2010 VICTIM ASSISTANCE GRANT FUNDS (Federal and State Appropriations) APPLICATION KIT

## INTRODUCTION

This application kit is intended for applicants who wish to apply for funds under the Federal Victims of Crime Act (VOCA) block grant program and the state victim assistance appropriations to provide direct services to victims of crime. **Please read all sections and pay special attention to highlighted areas.**

## DUE DATE

One original application and 18 copies of the complete grant application are due in the Crime Commission office **by 5:00 p.m. Central Standard Time (CST) on April 29<sup>th</sup>, 2010.** Any application received after 5:00 p.m. CST on April 29<sup>th</sup>, 2010 will be considered late and will not be eligible for consideration. Application and all copies must be in our office so please remember when using any mail service (snail mail, FedEx, UPS) that sending the application this way will be at applicants own risk. **There are NO EXCEPTIONS. Applications received by FAX will not be accepted.**

## FUNDING AVAILABLE

<i>Type of Funds</i>	<i>Year</i>	<i>Amount Available</i>
Victims of Crime Act (VOCA)	2009	\$ 101,023
Victims of Crime Act (VOCA)	2010	\$ 2,324,410 (estimated)
State VA Funds	2010	\$ 52,559 (estimated)
Total Victim Assistance Funds Available		\$ 2,477,992 (estimated)

## STATE GRANT FUNDS - VICTIM ASSISTANCE – 2010

**AMOUNT AVAILABLE:** \$ 52,559 (Estimated amount)

**PURPOSE:** To provide direct services to all victims of crime.

**ELIGIBILITY:** To be eligible for state victim assistance funds, a subgrantee must:

- Be a public or private nonprofit agency which **serves victims of all types of crime** and which does not duplicate services provided by another victim service agency within the same geographic area;
- Provide, at a minimum, the services stated in Statute 81-1847 for victims for all crimes;
- Utilize volunteers in providing services to victims of all crimes;
- Provide evidence of community support with letters of support from criminal justice agencies and human service agencies within the community;
- State the goals of the agency including those purposes set forth by Statute 81-1846;

- Provide an explanation of the organizational structure of the agency depicting how the proposed center will be administered;
- Coordinate efforts and cooperate with other crime victim assistance agencies and all criminal justice agencies;
- Establish a system to maintain confidentiality for all crime victim information; and
- Maintain information relating only to the crimes for which services are being provided.

**DETERMINATION OF AWARDS:** In determining awards for victim and witness centers, the Commission shall take into consideration:

- Statutes 81-1843 to 81-1848;
- Agency funding from other sources;
- Past performance of the center applying for funds;
- Eligibility requirements as set forth by the Crime Commission;
- Availability of funds;
- Populations served; and
- Agency's impact on the community.

### **MATCHING REQUIREMENTS:**

**New Programs:** Eligible programs that have never received VOCA funds will not have to provide 20% match for this specific fund. However, it is recommended to new programs to provide match (cash/in-kind) if possible for the first year of funding. This will show the support that is already available for the program. It is important for new programs to have both short and long term plans that address sustainability. In addition, the new request cannot duplicate services in the area as addressed in the grant funding guidelines. The purpose of this fund is to spur new victim service programs across the state in areas that have limited or no resources. These programs will be 100% responsible to meet the grant requirements and provide services to victims. New eligible programs that can meet all the requirements will be first priority with these funds

**Previously Funded Programs:** If there are not adequate amount of requests for this fund by new programs, continued programs will be considered, but will be required to provide 20% match. Previously funded programs should have an established match from past applications and for issues of supplanting will need to continue to provide match. This will continue to assist existing programs build program sustainability and not fully depend on weed and seed grant funds.

### **GRANT AWARDS POLICY STATEMENT**

It is the policy of the Nebraska Commission on Law Enforcement and Criminal Justice to award grants to applicants who plan as well as demonstrate consolidation and collaboration of efforts in providing direct services to crime victims and who comprehensively serve the largest target audience with the fewest dollars while actively involving the participation and support of law enforcement and other criminal justice agencies. It is the intent of the Commission to avoid duplication of administrative costs and duplication of services in geographic and program areas and to reward applicants

who budget their resources to actually deliver services to clients. We recognize the ability to carry out this policy is affected by the population base in the area served and its level of need.

## **GENERAL GUIDELINES - FEDERAL VICTIMS OF CRIME ACT (VOCA) BLOCK GRANT FUNDS**

### **GENERAL INFORMATION**

The Nebraska Crime Commission has an **estimated** \$2,477,992 available to award from the Victims of Crime Act (VOCA) grant program and state victim assistance funds for the year 2010.

**VOCA grant funds are to be used to provide direct services to individual crime victims and at no cost to the victim.** VOCA guidelines define a victim as a **person** who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. The primary purpose of VOCA grant funds is to support the provision of services to victims. Services are those efforts that respond to the emotional and physical needs of crime victims; assist primary and secondary victims of crime to stabilize their lives after victimization; assist victims to understand and participate in the criminal justice system; and, provide victims of crime with a measure of safety and security.

Coordination and collaboration among victim service agencies, as well as between victim service agencies, law enforcement and other criminal justice entities, are **required**. Consolidation of victim service agencies within the same geographic area, which provide the same or similar types of services, is **required**. For instance: If it is determined that services to minority, elderly or other specific types of population are needed, existing victim service agencies would need to contract with or hire individuals to provide direct services to such crime victims. It is encouraged to have the contract person or new hire housed at a location, such as a senior citizen center or Asian Center, which provides easier access to services. A separate grant from another agency to provide victim assistance services to a specific population will **not** be considered if there is a currently funded VOCA project within the geographic area providing similar services. Agencies must collaborate and may contract with programs currently receiving VOCA funds within the same geographic area.

### **WHO IS ELIGIBLE TO APPLY?**

To be eligible for Victim Assistance funding, a subgrantee must:

- Be operated as a public agency or nonprofit organization, or a combination thereof, whose sole purpose is to provide direct services to crime victims, specifically victim assistance centers and domestic violence/sexual assault programs;
- Have a record of providing effective services to a substantial number of crime victims if it is an existing program;
- Meet match requirements; 20% cash or in-kind from non-Federal sources of the total project cost; 5% cash or in-kind match for Native American tribes/organizations located on the reservations. **New programs that have not yet demonstrated a**

**record of providing services must show that at least 25 percent of their financial support comes from non-federal sources;**

- Have substantial financial support from sources other than federal VOCA dollars.
- Maintain appropriate programmatic and financial records;
- Actively utilize volunteers on a regular basis;
- Promote coordinated public and private efforts to aid crime victims within the community served;
- Assist victims in seeking available crime victim compensation benefits;
- Provide services to crime victims at no cost;
- Maintain confidentiality;
- Cooperate, coordinate and have the support of law enforcement within the jurisdiction of the assisting agency.

## **REQUIREMENTS**

*Federal guidelines require each state allocate at least 10% of its total award to each of the priority categories.* The priority categories include victims of sexual assault, domestic abuse, child abuse and an underserved victim population as determined by the state. Through a statewide survey, the "Previously Underserved Population" has been identified as victims of assault, burglary and homicide. **Applications may as a whole or in-part address one or more priority areas. However, if the proposal addresses only a specific type of crime victim, the number of potential victims, which could be served by the applicant, will be a consideration in funding decisions.**

Coordination and cooperation with all law enforcement and other criminal justice agencies is **required**.

Consolidation of victim service agencies within the same geographic area, which provide the same or similar types of services, is required. A separate grant from another agency to provide victim assistance services to a specific population will **not** be considered if there is a currently funded VOCA project within the geographic area providing similar services. Such agencies may contract with the current VOCA funded agency to provide services to a specific population.

The VOCA funds are to be used to provide direct services to victims of crime. Services to victims of crime mean those activities that directly benefit individual crime victims. Services to crime victims include, but are not limited to:

- Crisis intervention services;
- Emergency services that provide temporary shelter for crime victims;
- Support services that may include follow-up short-term counseling, etc.;

- Criminal justice related services;
- Assisting crime victims with managing practical problems created by the victimization, such as acting on behalf of the victim with creditors, employers, etc.;
- Training for agency personnel (paid staff and volunteers) who provide direct services to crime victims;
- Printing and distribution of brochures describing services provided to crime victims by your agency; and,
- Providing opportunities for crime victims to meet with perpetrators, if so requested by the victim.

**Please note** that Victim Assistance funds cannot be used to raise the public's consciousness or educate regarding victim issues. **VOCA funds may be used to promote public awareness for matters of describing services available, how to obtain the program's assistance, to identify crime victims and refer them to needed services.**

20% cash or in-kind match required from non-Federal sources of the total project cost; 5% cash or in-kind match for Native American tribes/organizations located on the reservations. **New programs that have not yet demonstrated a record of providing services must show that at least 25 percent of their financial support comes from non-federal sources.** All funds designated as match are restricted to the same uses as the VOCA victim assistance funds.

Recipients of funds are subject to the Civil Rights Act of 1964, 42 U.S.C. 2000d (prohibition discrimination in federally funded programs on the basis of race, sex, color, or national origin) and Section 504 of Rehabilitation Act of 1973, 2 U.S.C. 794 (prohibiting discrimination in such programs on the basis of handicap), the Age Discrimination Act of 1975, 42 U.S.C. 6101, et. seq., and the Department of Justice Nondiscrimination Regulations, 28 CFR, Part 42, Subparts C, D, and G.

Victim Assistance programs must maintain nondiscrimination information on victims (race, national origin, sex, age and handicap). This information will be forwarded to the Crime Commission as part of the program's statistical performance report.

A complete agency audit complying with the Single Audit Act of 1984, as amended, and Circular A-133 is highly recommended once every three years for private non-profit agencies with budgets totaling more than \$500,000. Agencies receiving more than \$500,000 in federal funds from all sources during their Fiscal Year are required to have an annual audit, which adheres to the Single Audit Act. VOCA grant funds may be used for the audit but the total cost must be prorated among funding sources.

## **USE OF VOCA GRANT FUNDS**

Victim service centers and domestic violence programs **may** utilize VOCA funds for:

- Personnel which provide direct services to victims of crime;
- Pro-rated costs necessary and essential to providing direct services such as rent; telephone; transportation cost for victims to receive services and enable victims to



participate in the criminal justice system and local travel expense for service providers while providing services to crime victims;

- Pro-rated operating costs such as supplies, postage, etc.;
- Cost to train VOCA paid staff and volunteers;
- Special needs to provide services to crime victims, such as interpreters for non-English speaking victims, hearing impaired victims, etc.;
- Providing presentations, which are designed to help identify crime victims and provide or refer them to needed services.

**Requests for the following may be considered:**

- Limited increases for existing programs for salary increases for existing staff currently paid by VOCA funds, and costs to increase part-time staff to full-time or for additional advocates if statistical data indicates a need and if sufficient funds are available.
- Costs to attend national training such as the National Organization for Victim Assistance (NOVA) and National Victim Assistance Academy will be considered on an individual basis. Requests must justify the training needed is not available within the state. Only one national training per person will be considered for funding. **However, there may not be sufficient funds for national travel as funds are limited.**
- In-state training; travel expenses, supplies and operating expenses for the agency and domestic violence shelter.
- An enhancement to an existing program, which addresses a specific need. Relevant statistical data **MUST** support such a need.
- **Programs specifically for minorities who are victims of crime. Established victim service agencies may contract with established minority organizations to provide direct services to minority victims. Direct services, as defined by VOCA Guidelines, are described in the 'Requirements' section of this announcement.**
- **Programs specifically for elderly victims of crime. Established victim service agencies may contract with established organizations to provide direct services to elderly victims.** Direct services, as defined by VOCA Guidelines, are described in the 'Requirements' section of this announcement.
- Advocates working with children in Child Advocacy Centers. Child Advocacy Centers applying for VOCA funding **MUST** be fully established and operational, meet all the standards for full membership as set forth by the National Children's Alliance, and participate as an active member in the Nebraska State Chapter of Child Advocacy Centers. An existing Victim Witness unit may contract with the Child Advocacy Center for a victim advocate to provide direct services. Direct services, as defined by VOCA Guidelines, are described in the 'Requirements' section of this announcement.
- Restorative Justice efforts. Opportunities for crime victims to meet with perpetrators, if such meetings are requested or voluntarily agreed to by the victim and have possible beneficial or therapeutic value to crime victims, may be considered for funding. When considering Restorative Justice efforts, the following should be considered: (1) the safety and security of the victim; (2) the benefit or therapeutic value to the victim; (3) the procedures for ensuring that participation of the victim and offender are voluntary and that everyone understands the nature of the meeting; (4) the provision of appropriate support and accompaniment for the victim; (5) appropriate debriefing opportunities for the victim after the meeting or panel; (6) the credentials of the facilitators; and, (7) the opportunity for a crime victim to withdraw from the process at any time. **VOCA dollars CANNOT be used for victim-offender meetings, which serve to replace criminal justice proceedings. VOCA funds are to be used to cover the costs associated with Restorative Justice for the victim ONLY. Any costs associated with the perpetrator's involvement in Restorative Justice efforts CANNOT be covered with VOCA funds. VOCA funds CANNOT be used for Restorative Justice efforts or victim-offender mediation with the community as a whole.**
- Repair and/or replacement of items that contribute to maintaining a healthy and/or safe environment for crime victims in an existing shelter or facility currently funded with VOCA dollars. The subgrantee must own the shelter or facility or lease the shelter or facility from a government entity. The lease cannot be with a private landlord and the lease with the government entity must continue for a minimum of five years following completion of the

repair. No capital improvements are allowed. A maximum of \$15,000.00 is allowed.

**Funding will depend on the amount of funds available.\***

- Computers, printers and associated office furniture. Funding will depend on justification of the need and the amount of funds available.\*
- Phone lines for Internet access. On-going costs of Internet access associated with the case management system. Other requests will be considered depending on funds available.\*
- TTY/TTD machines for the deaf.\*

***\*Grant applications requesting funds ONLY for these items will not be considered. Requests for these items MUST be part of a programmatic request.***

## **CONFIDENTIALITY OF VICTIM INFORMATION**

At no time shall a victim's name, address, phone number or other identifying information be divulged to another individual or agency unless they are a part of the criminal justice system or Health and Human Services system or unless the victim has given prior voluntary written consent for such release of information.

## **LIMITATION OF FUND USE:**

### **All programs:**

The Federal VOCA funds **cannot** be used for the following purposes:

- Capital expenditures;
- Community education;
- Crime prevention activities;
- Development of protocols, interagency agreements and other working agreements;
- Fund-raising activities;
- Indirect organizational costs;
- Individual membership dues;
- Land acquisition;
- Legislative and administrative duties of staff;
- Lobbying and administrative advocacy;
- Needs assessments, surveys, evaluations or studies;
- Perpetrator rehabilitation and counseling or any other activities involving or relating to perpetrators;
- Professional services of doctors and lawyers;
- Prosecution Activities
- Purchasing or leasing vehicles;
- Reimbursement to crime victims for expenses incurred as a result of a crime, including property loss
- Relocation expenses for the victim.
- Witness management and notification programs
- Education presentations (Please note it is allowable to use funds for public awareness to promote program & services that are provided)

### **Victim Witness Programs:**

The purpose of a victim witness program is to advocate for victims and provide timely assistance to individual victims of crime. Advocacy should begin within 72 hours or the next business day after the incident for all serious crimes (homicide, sexual assault, assaults) and most crimes against the elderly. Victim Witness Units located in County Attorney offices are to have a process in place to receive law enforcement incident reports for victims of serious crimes and crimes against the elderly so that advocacy can begin within 72 hours or sooner. Policies and procedures are required that include when and how victim contact will be made and when and how follow up contact will be made.



VOCA funds are **not** for the purpose of providing services to businesses **unless** an individual or individuals within the business is a victim of a crime.

VOCA funds **cannot be used** for any activity or expense that is the responsibility of the prosecutor or the law enforcement agency and including any activities directed at prosecuting an offender and/or improving the criminal justice system's effectiveness and efficiency; gathering evidence; witness management and notification (VOCA funds may **only** be used to notify witnesses who are also a victim of the crime); expert testimony at trials; victim witness protection costs and subsequent lodging and meal expenses;

## **MATCH REQUIREMENT**

Matching funds may be applied from other sources of support or in-kind contributions. In-kind match consists of donations to project activities other than cash and may include donations of expendable equipment, office supplies, workshop or classroom materials, work space, or the monetary value of time contributed by professional and technical personnel and other skilled and unskilled labor if the services they provide are an integral and necessary part of the funded project. In-kind match **MUST** be directly related to the project goals and objectives and must be financially documented in the same manner as grant funds. All match must show how it is dedicated to the specific program. Federal funds may not be used for match. The hourly wage for volunteer hours cannot exceed \$9.00/hr.

Existing programs are required to provide **20%** of the total project budget in match funds.

NOTE: The amount of required match 20% can be determined by dividing the requested amount by 4.

Example: \$75,000 federal VOCA funds needed/requested for the project.  
\$75,000 divided by 4 equals \$18,750, which is the required match amount.  
 $\$75,000 + \$18,750 = \$93,750$  which is the total project cost.

**New programs that have not yet demonstrated a record of providing services must show that at least 25 percent of their financial support comes from non-federal sources.**

Indian tribes or Native American organizations on reservations are required to provide a **5%** cash or in-kind match.

**Please Note:** The value or depreciation value of furniture or equipment is **NOT** eligible match.

## **Statistics Percent of Change**

As requested in the statistical page you must calculate the percentage of change of the years listed. To correctly figure the percentage of change you will take the last year and the first year figures and subtract them. Then you will take the amount of difference and divide it by the first year's total.

Example	2007	2008	2009	% of change from 07 to 09
	347	526	548	

$$548 - 347 = 201$$

$$201 / 347 = .579$$

58% change

## **TIMING OF CONTRIBUTIONS**

Matching funds need not be applied at the exact time or in the required proportion to the obligation of Federal Victim Assistance funds. However, the full matching share must be obligated by the end of the project period. The Crime Commission reserves the right to deny payment requests on approved programs pending the receipt of expenditure documentation of the matching share.

## **COMMINGLING OF FUNDS**

A clear audit trail must be maintained for each source of funding. Receipts, expenditures, and disbursements must be separately accounted for from each source of funds.

## **NON-SUPPLANTING OF FUNDS**

The Victims of Crime Act clearly stipulates that federal funds may not be used to supplant (replace) other existing funds. In other words, funds presently appropriated for the project may not be deliberately decreased due to additional federal funds made available through the Crime Commission.

**Last year many grants experienced large cuts due to the amount of funds available. If you plan on requesting federal funds for positions or items that were supported by different funding last year you will need to be very detailed and clear in your requests. It will be extremely important that the requests include how this position was funded, why the funding source is no longer available, if funds were only a temporary agreement (could include information from city/county board meetings if this was only a temporary use of funds for one year), and at what point the funding that is supporting the position/item will no longer be available. This information is extremely important to support your requests and will be utilized during consideration of requests.**

## **GRANT CONTINUATION POLICY**

Federal grants to Nebraska and the rules, which govern their distribution, are received on an annual basis. **Therefore, no project is guaranteed continuation funding.**

## **GRANT COMMENCEMENT AND DURATION**

Crime Commission Operating Instruction # 4 requires funded projects to be implemented and any required grant award revisions to be submitted to the Crime Commission within **30 days** or other date specified by the grant administrator. **If these requirements are not met, it shall constitute a failure to accept the grant award and the awarded funds may be considered turn back funds.**

Generally, a grant will be approved for a period no longer than twelve months. **Substantial justification must be provided for an extension of the grant beyond this time period.**

## **PRIVATE NON-PROFIT AGENCIES**

Grant applications submitted by private non-profit agencies are to be signed by the chairperson of the agency's Board of Directors. If awarded, the Grant Award will be signed by the chairperson, the project director and fiscal officer.

If the application is from a private non-profit agency funded by the Department of Health and Human Services, a copy of the **Financial Report (form #DSS-48) and the monthly financial statement of accounts (form #DSS-6-900)** submitted to the Department of Health and Human Services for the month of December 2008, **MUST** be attached to the application.

Applicants not financially supported by the Department of Health and Human Services **MUST** provide a listing of all financial supporters, total amount of their support and how the funds are used.

**Please Note:** Failure to submit this information with the application will cause the application to be considered incomplete. The application **will not** be processed until the information is received. It could also cause the application to be denied.

A complete agency audit complying with the Single Audit Act of 1984, as amended, and Circular A-133 is **highly recommended** once every three years for private non-profit agencies with budgets totaling more than \$500,000. Agencies expending more than \$500,000 in federal funds from all sources during their Fiscal Year are **required** to have an annual audit, which complies with the Single Audit Act. VOCA grant funds may be used for the audit but the total cost must be prorated among funding sources.

## **OTHER REQUIRED FORMS**

A Debarment form which certifies that the agency or individuals in the agency have not been barred from doing business with the federal government must be signed and returned with the application. Additionally, Certified Assurances, the Drug Free Workplace, Lobbying and EEOP forms must be signed and returned with the application.

## **LETTERS OF COMMITMENT AND SUPPORT**

Letters of Commitment are **required** from agencies and/or individuals who will participate in your project and/or will coordinate efforts and will cooperate with your agency in addressing the problem. Letters of commitment show how the supporting agency will commit resources or participate in the proposed project. Letters of Support show acceptance or approval of the project. Support letters should be from those individuals and/or agencies, which may be affected by your project. Letters of commitment and support must include letters from law enforcement agencies, criminal justice agencies and other victim service agencies in your community to show coordination and cooperation. Letters should be signed by the agency head, i.e., chief of police / sheriff, county attorney, program director, etc. Letters of commitment will directly impact funding decisions.

All letters of commitment and support are to be submitted as part of this application. Letters submitted separately from the application **will not** be considered.

To save paper and printing costs, you may want to reduce the letters and copy two on each side of a piece of paper. Agencies serving many counties could have one letter or memo of commitment signed by more than one agency in the county.

## **LATE APPLICATIONS**

Applications received after the due date and time will be considered late. Late applications are ineligible for funding during the current funding cycle. **NO EXCEPTIONS!**

## **APPLICATION FORMAT**

- Applications are to be typewritten. **The original copy should be stapled and 2 hole punched at the top.** The remaining copies should be stapled in the upper left hand corner (no 2 hole punched required for copies).
- If applicant re-creates the application on their computer, the application format and layout is to be exactly (word for word and design) as the Crime Commission's official application. **Please note the Crime Commission application may change somewhat from year to year.**
- Applications should be single spaced. Font size must be comparable in size to 12 point Times Roman or Courier.
- Include all Letters of Commitment and Support with the submitted application. Those received separately will not be considered.
- Include Federal ID number on application. The applicant must be the agency that will receive and disburse the grant funds. The Federal Identification Number must be that of the applicant.
- Do not include cover letters.
- Do not put applications in folders.
- Adhere to page limits listed for each section of the grant application.
- Sources of data and/or statistics must be cited immediately following the information or under the graph/chart etc.
- Do not copy instructions when submitting the copies of your grant.
- Do not copy and submit the budget pages which do not apply to your project.
- Budget figures are to be provided in round numbers, no cents. **PLEASE**, check to be sure all budget pages are calculated correctly.
- Additional information in the form of Appendixes will not be accepted.
- Include **ALL** required forms with appropriate signatures. Signatures of the authorized individual are required on the: Budget Summary page, Certified Assurances, Drug Free Workplace form, Debarment form, Lobbying form, EEOP form. NOTE: The authorized official would include: county board chair, mayor, city administrator, chair or vice-chair of non-profit agency.
- Please **number pages** in the lower right hand corner.
- The grant may be copied double sided.
- **Follow all Directions in the Grant Application.**

SECTION NAME	PAGE LIMITS
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<b>Grant Applicant Information</b>	- 4 pages as provided
<b>Budget Summary</b>	- 1 page as provided
<b>Detailed Budget Information</b>	- pages as provided
<b>Project Information and Community Description</b>	- 1 1/2 pages as provided
<b>Problem Statement</b> The Problem Statement and Description of the Problem(s) Statistical Documentation of the Problem	- 1 page maximum - 1 page maximum - 1/2 page maximum
<b>Proposed Solution</b> Project Operation Activities and Timetable (list by quarter)	- 2 pages maximum - 2 pages maximum
<b>Goals, Objectives and Performance Indicators</b>	- pages as needed (form provided)
<b>Continuation Information</b>	- 2 pages maximum
<b>Letters of Commitment and Support</b>	-as needed
<b>Required Forms</b> (Certified Assurances, Drug Free Workplace, Debarment, Lobbying, EEOP)	- pages as provided

## **Grant Applicant Information**

Answer each question 1 thru 20 as it pertains to your program.

### **\*\*Example Question 19A – Attachment “A”**

## **Budget Summary**

Provide budget figures in round numbers, no cents. Please make sure to check all budget pages are calculated correctly and the Budget Summary page is signed by the Authorized Official.

## **CATEGORY A - PERSONNEL**

Personnel refers to wages and fringe benefits for regular full-time or part-time salaried employees as well as in-kind contributions of volunteers. Other persons working on the project who are not on the regular payroll or not volunteers must be classified either as contractual or consultant. In-kind contributions, if allowable, must be listed as matching funds.

Salaries may not exceed those normally paid for comparable positions in the community and/or the unit of government.

- 1. Direct Salaries.** Write in the title or position of each employee who will be involved in the project, including new positions to be filled and the number of volunteers, if applicable. If existing personnel will be involved in the project but no funds will be requested for their position and their salaries will not be used as match, do not list them on the budget page, but **do** include such information in the Budget and Project Narrative.

Include in the budget narrative if the position is new or existing. If the position is existing, but is a new request it will need to be indicated how this position was being funded prior to the request. Across from each position listed, enter the annual salary of the position; percent of the time **to be devoted to the project** (2080 hrs. annually = 100% or full-time); amount of funds being requested for the position; the amount of matching funds; the source of matching funds, fringe benefits and, the total cost for the position.

Each line you will enter the subtotal of the amount of funds being requested, matching funds and the total of all direct salaries. To establish the value of services provided by volunteers, if applicable, use the current minimum hourly wage (cannot exceed \$9.00) times the number of hours of service to be contributed.

2. **Fringe Benefits.** All fringe benefits are to be based on the **employer's share only**. The employee's share is to be withheld from his or her wages. Vacation and leave time would be included in normal working hours (FTE 2,080hours/year) and are not added benefits. Enter the total cost of benefits being requested and being provided as matching funds in the appropriate columns for each position. Each line you will need to enter the amount of fringe requested and match fringe for each position. A lump sum of fringe benefits requested and provided as match funds will not be accepted.
3. **Total Personnel Budget.** Enter the total amount of funds being requested, matching funds and total of all salaries and fringe benefits for the each position in the Total Cost section. You will need to enter the total cost for each column and line in the Total Personnel Budget. Also enter these totals on the "Budget Summary" pages.
4. **Personnel Budget Narrative.** A budget narrative **MUST** be attached if funds are requested and/or match is provided. The narrative **MUST** include the following for **each** position:
  - 1) Breakdown of how the cost for **each** position was determined (i.e. 500 hours x \$5 an hour = \$2,500) for **both the requested funds and matching funds**; (including funding source for matching funds)
  - 2) Fringe benefits requested for each position;
  - 3) Explanation if each position is existing; new request for a position to fund existing position or new position for the program;
  - 4) Explanation if each position is full or part-time;
  - 5) Explanation of **how** each position is relevant to the project
  - 6) Description of the duties of **each** position. Include primary responsibilities and specific duties. Identify any **new** duties if this position was previously funded.

*Also include positions for which funds are not being requested or are not used as matching funds but will be involved in the project. **Budget Narratives Are Required.***

## **CATEGORY B - CONSULTANTS AND CONTRACTS**

**NOTE:** If more than one consultant will be used for the project, please make copies of the budget sheet and complete one for each consultant.

1. **Purpose:** List the purpose for using a consultant or contractor, i.e. conduct study, facilitate support group, develop and/or present training, etc.

2. **Type of Consultant:** Check the box for the type of consultant to be used for the stated purpose.

3. **Consultant Fees:** Consultants employed by commercial and not-for-profit organizations are subject to competitive bidding procedures and are subject to \$450 per day or \$56.25 per hour maximum compensation. In cases where an individual has authority to consult without employer involvement, the rate of compensation should not exceed \$450 per day or \$56.25 per hour.

The rate for independent consultants must be reasonable and consistent with that paid for similar services in the market place.

4. **Travel Expenses For The Consultant:** Please note changes for FY 2010

- (a) **Mileage:** List the cost for mileage. Enter the total cost in the "total" column. Enter the amount requested and the amount, which will be provided as match. **Mileage rate is .50 cents/mile.**
- (b) **Air Fare:** List the cost for airfare (coach or least expensive class). Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
- (c) **Meals:** List the cost for meals. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match. **In-state meal allowance is \$41 (\$7.00/breakfast; \$11.00/lunch; \$23.00/dinner. Please note\*\*you can no longer submit for incidentals).**
- (d) **Lodging:** List the cost for lodging. Enter the total cost in the "total" column. Enter the amount requested and enter the amount provided as match. In-state lodging allowance is \$70.00 plus tax per night (\$93.00 per night for Lincoln and Omaha).
- (e) **Other Costs:** List other anticipated costs associated with the consultant. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
- (f) For out of state meal and lodging rates go to [www.gsa.gov](http://www.gsa.gov) and click on per diem rates.

5. **Total Cost:** Calculate the total cost for funds requested, match provided and total cost. Enter totals on the "Budget Summary" page.

6. **Budget Narrative:** A budget narrative is required if funds are being requested and/or if match funds are being provided. The narrative MUST include a breakdown of how the cost for each consultant was determined for both the funds being requested and the matching funds. The narrative MUST include the following for **each** position:

- 1) What services and/or what product the consultant will provide
- 2) How the services, product or position relate to the project and the impact on the project
- 3) Breakdown of how the cost for each position was determined (i.e. 500 hours x \$5 an hour=\$2,500) for VOCA funds and matching funds;
- 4) Explanation if each position is existing or new;
- 5) Explanation if each position is full or part-time;
- 6) Description of the duties of **each** position funded by VOCA or match dollars. Include primary responsibilities and specific duties. Identify any **new** duties if this position was previously funded.

## **CATEGORY C - TRAVEL EXPENSES**

**NOTE:** If travel expenses are needed for more than one purpose, please make a copy of the budget sheet and complete one for each purpose.

1. List travel expenses by purpose, i.e., training, conference, daily travel for job, etc. For example, a project coordinator will attend training. Enter "training" on the line marked "Purpose". Complete all the applicable expenses associated with this purpose (any mileage that will be paid, air fare, meals, lodging, other.)
2. Mark the travel as local, in-state, or out-of-state.
3. List the title of the person who will travel.
4. Calculate the cost of the travel, completing the areas relevant to the travel for each purpose.
  - (a) Mileage: Calculate the number of miles of annual travel and multiply by **.50 cents** to determine the total mileage cost. Enter the total cost in the "total" column, the amount requested and the amount of the total cost provided as match.
  - (b) Air Fare: List the destination and enter the anticipated total cost of the airfare in the "total" column. Enter the amount requested and the amount provided as match. Airfare must be "coach" or least expensive class.
  - (c) Meals: **List the number of days meals will be paid and multiply by the allowable per diem rate. In-state meal allowance is \$7.00/ breakfast; \$11.00/lunch; \$23.00/dinner. Contact the Crime Commission for out of state rates. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.**
  - (d) Lodging: List the number of nights lodging is needed and multiply by the allowable per diem rate. In-state lodging allowance is \$70.00 per night (\$93.00 plus tax per night for Lincoln and Omaha). Contact the Crime Commission for out of state rates. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - (e) Other: List other expenses, such as taxi, parking, etc. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - (f) For out of state meal and lodging per diem go to [www.gsa.gov](http://www.gsa.gov) and click on per diem rates.
5. Calculate the total cost of the travel for each purpose.

Calculate the total for all travel expenses for the funds requested, match and total and enter these amounts on the "Budget Summary" page.

6. Budget Narrative: For each purpose complete a budget narrative stating:

- 1) Position which will travel
- 2) Purpose of the travel
- 3) How this travel relates and is necessary to the project.

## **CATEGORY D - SUPPLIES AND OPERATING EXPENSES**

**1. Supplies.** This section includes office supplies, forms, operating supplies, books, subscriptions, repair or maintenance supplies, (material which is expendable or consumed during the course of the project) and equipment items costing under \$300.

List items by major type (i.e. postage, forms, office supplies, training materials, etc.) along with the quantity, unit cost, and total cost. Higher cost items should be listed separately and identified (e.g. special mailings, equipment items, etc.). Enter the total cost in the "total" column. Enter the amount, if any, of the cost being requested and enter the amount of the cost, which will be provided as match.

At the bottom of section 1, enter the cost for project supplies with a breakdown by the amount requested, match and total cost in the appropriate columns.

**2. Operating Expenses.** This section includes all operating expenses involving rental arrangements and purchase of non-consultant type services.

For each item listed enter the rate or unit cost. Enter the total cost in the "total" column. Enter the amount of the cost requested and enter the amount provided as match. Identify other items for which funds are requested in the "other" category.

At the bottom of section 2, enter the cost of project operating expenses. Provide a breakdown of the total cost by the amount requested, match and total costs in the appropriate columns.

**3. Total Supplies and Operating Expense Budget.**

Enter the total costs for all supplies and operating expenses. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. Also enter those totals on the "Budget Summary" page.

**Budget Narrative.** For all supplies and operating expenses requested, attach a budget narrative to:

- Explain the cost breakdown of how requested and match funds were determined for supplies (i.e., envelopes, paper and other office supplies);
- Describe current operating expenses and explain why the requested expenses are needed;
- Explain how the supplies and operating expenses relate to the project.



## **CATEGORY F - EQUIPMENT**

Check grant programs for allowability and bidding requirements. Items requiring bids will not be funded absent a showing that bids were taken as required by law, rule or regulation. Call the grant administrator if you have any questions.

Enter the total costs for the appropriate items. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. (Equipment items costing under \$300.00 should be included in Supplies.)

Enter the total costs for Equipment. Also enter these totals on the "Budget Summary" page.

### **Budget Narrative**

Attach a budget narrative if funds are requested or match is provided.

- Provide a breakdown of the cost basis for each piece of equipment.
- Explain how each piece of equipment is relevant to the project.

## **CATEGORY G - OTHER COSTS**

List each item and the total estimated cost with the breakdown by the amount requested, match and total costs in the appropriate columns.

Enter the total cost for "Other". Also enter these totals on the "Budget Summary" page.

Check grant program guidelines for allowability.

\* Contact program administrator before using this section to make sure requested expenses will not "fit" in another category.

### **Budget Narrative**

A budget narrative is required if funds are requested or if match is provided.

- Explain each item requested;
- Provide a breakdown of how the cost for each item was determined;

Provide an explanation of how each item is relevant to the project.

## **Project Information and Community Description**

Provide specific information about the community and where the project will be taking place.

### **Problem Statement**

**The Problem:**

State the problem to be addressed by this proposal **by copying and completing the following sentence.** Problem statement should be brief and about 1-2 sentences. (Please note that the problem is NOT a lack of staff, counselors, equipment, etc. This is the result of the problem.)

### Description of the Problem (s):

**BRIEFLY** describe the problem or problems and it's impact on the community or communities.

### Statistical Documentation of the Problem:

Provide **relevant statistics for a three-year** period to document the problem stated above by completing the table on the following page. If statistics are not available, **state NA**. If statistics are not relevant to your program, state NR. In another table, you may provide additional statistics to document the need for the project and the funds requested. Remember, provide the statistics you determine to be the most important.

**All numbers in the table should be unduplicated.** The Face to Face and Telephone numbers should equal the Total above for Unduplicated # Victims Provided Direct Services. Victim/Witness may not have all complete #'s for Face to Face and Telephone but, should try. The statistics provided for each year should be for a 12 month period.

### Proposed Solution

#### Project Operation:

**Clearly** explain, step by step, how your proposed project will work. Explain what agencies or individuals will be involved, at what point in the program and their role or duty. You need not be overly detailed, however, **ask yourself if someone who knows nothing about your program would understand its operation from what is written**. Include details of how you coordinate with criminal justice and other victim service agencies in your community. Include details of how and when victims are contacted, if applicable. Victim Witness programs should explain when and how they receive the incident reports, how reports are prioritized, how services are provided to serious crime victims in 72 hours and when and how contact is made in relation to the time and type of incident, i.e., attempt to contact victim by phone the next business day after the incident, letter only sent with information about program, etc.

**CHECK: Does the project operation show how it will address the problem stated?**

### Activities and Timetable:

(Limit 1 to 2 pages)

Provide a time line for **major** program activities on a quarterly basis during the proposed project. Be sure to identify, by position or agency, who will be responsible for each listed activity. **Check to make sure the activities are reflective of the Project Operation. Complete the Activities Time Line for all four quarters of the year. Only include VOCA specific activities. You must include "Assist with filing compensation claims" in your timetable; as this is a Federal requirement for anyone receiving VOCA funds.**

#### Example

ACTIVITY	POSITION RESPONSIBLE	1 <sup>ST</sup> Quarter 1 <sup>st</sup> -3 <sup>rd</sup>	2 <sup>ND</sup> Quarter 4 <sup>th</sup> -6 <sup>th</sup>	3 <sup>RD</sup> Quarter 7 <sup>th</sup> -9 <sup>th</sup>	4 <sup>TH</sup> Quarter 10 <sup>th</sup> -12 <sup>th</sup>
Will advertise for, hire and train Client Advocate	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide direct services to victims by phone or in	Client Advocate and Volunteers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

person					
Assist with filing compensation claims	Client Advocate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update training manual	Volunteer Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prepare grant application to request VOCA funds	Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prepare quarterly reports for Crime Commission	Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**CHECK: Do the activities relate to the problem, goals, objectives, performance indicators and to the funds requested? Only include VOCA allowable activities.**

### **Goals, Objectives and Performance Indicators**

**Please read the following to help understand** Goals, Objectives and Performance Indicators. Following this information is a form on which to prepare your Goals, Objectives and Performance Indicators. A sample of how to complete this form is provided. Please complete **ONE** form for each Objective.

#### **GOAL:**

A goal is a **broad based statement, which reflects an overall end result you are trying to attain, of which your proposal may be only one means to do so. Your project may not be the only one needed in reaching the stated goal, but is the only one, which meets the criteria for funding currently available.**

A project usually will have **one** goal.

**Sample Goal:** Victim assistance services will be available to victims of crime in Michigan County.

**CHECK: Does the goal directly relate to the stated problem in E of the Problem Statement?**

#### **MEASURABLE OBJECTIVES:**

Measurable objectives reflect how your project will assist in reaching the stated goal(s). They also address the problem(s) identified and documented in the Problem Statement as well as the identified needs.

**A measurable objective is something you are going to do, utilizing the grant funds, by a certain amount (measurable) within a certain time period. Objectives must be measurable.**

Measurable objectives always use the words “to increase”, “to decrease”, or “to maintain”. Do not use words such as “to provide”, “to train”, “to establish” in measurable objectives. These are activity statements. Once you’ve written an objective, ask yourself if it allows you to measure something.

A project will normally have **one to three** objectives for each goal. Remember, most projects have one broad based overall goal.

To help you in developing measurable objectives, review your project’s activities and ask yourself what statistical data will you gather to prove your project is working? You don’t need to be overly detailed in statistical data, but focus on three to five things to measure, which will prove your project, is making a difference and works. This will be your Performance

Measures or Indicators for your project and will be used as part of your project's report to the Crime Commission.

**Sample Objective:** Increase the number of victims directly served (to do something) **from 0 to 60** (by a certain amount) within a 12-month period (within a certain time frame).

The measurable objective above relates to a **new** program. The baseline number is zero because the program did not exist.

If you were applying for funds to expand or enhance an **existing** program, the objective may read as follows.

**Sample Objective:** Increase public awareness (to do something) by increasing the number of brochures distributed **from 300 to 350**, increase the number of presentations **from 7 to 10**, and increase the number of PSAs from **12 to 15** (by a certain amount) within a 12-month period (within a certain time frame).

**CHECK: Do the objectives relate to the problem and documentation of the problem (statistics) stated in the Problem Statement?**

## **BASELINE STATISTICS:**

How do you know what your starting number or measure will be for your measurable objectives? **Baseline Statistics are the statistics for the most current year stated in the Problem Statement which documents the problem(s).** This is a good test to see if the statistics in the Problem Statement are relevant in documenting the stated problem or problems. If you identify something, which needs to be measured in the Performance Indicators, check your statistics in the Problem Statement to determine if you need to add statistical data. Also ask yourself if these statistics are key in documenting the problem and will they help in showing the success of your program. There may be numerous statistics you can gather, **but you need to determine which ones are the most important.**

## **PERFORMANCE INDICATORS:**

**Performance Indicators are the data, which will be collected during your project to measure each objective and will show if the program is successful.** Performance Indicators are in direct relationship to the baseline data stated in the Problem Statement. Ask yourself what statistical data will show if your program is successful.

### **EXAMPLE:**

Measurable Objective: Increase the number of victims directly served (to do something) **from 0 to 60** (by a certain amount) within a 12-month period (within a certain time frame).  
Our baseline is: 0 victims were directly served.

Our proposed project is: Victims in Michigan County will be provided with help and resources following their victimization.

Therefore, what statistical data will be gathered to show the success of the program?

### **PLEASE NOTE:**

**The following form is to be used to state your goal, objectives and performance indicators. Please make copies of these forms and complete one form for EACH objective. Sample is on the back of this form.**

Remember, most grant projects have ONE broad based, overall goal with one to three objectives. So if your project has three objectives, you will need to complete three of the following forms, one for each objective.

## Goal, Objectives, Performance Indicators

### SAMPLE

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**State Goal:** Victim assistance services will be available to victims of crime in Michigan County.

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**Objective # 1:** Increase the number of victims directly served (to do something) **from 0 to 60** (by a certain amount) within a 12-month period (within a certain time frame).

---

Performance Indicators	Baseline Statistics	Projected Results
Total unduplicated number of victims provided direct services by phone and face to face	0	60
Number of elderly victims provided direct services	0	7
Number of minority victims provided direct services	0	13
Number of children provided direct services	0	11
Number of women provided shelter	0	17



## **Continuation Information**

Please address all topics listed as thoroughly as possible.

## **Letters of Commitment and Support**

Be sure to attach current letters of commitment and support to your application. **Letters sent separately will not be considered.**

## **Required Forms**

The required forms must be signed by the authorized official, which include the county board chair, mayor, city administrator, chair or vice-chair of a private non-profit agency.

## **FUNDING PROCESS AND TIME LINE**

A Crime Commission Staff Review Committee will read, critique and make initial funding recommendations for all submitted victim assistance grant applications. VOCA grant applications with the Staff Review Committee's critique and funding recommendations will then be submitted to members of the Crime Commission Grant Review Committee. They will meet to discuss each submitted grant application and make funding recommendations. You will be notified of their recommendations in writing.

Grant application critiques and funding recommendations will then be forwarded to the Crime Commission for a final funding determination at their July 24, 2009 meeting. You will be notified of the Crime Commission's decision in writing. Following is the Proposed Grant award schedule.

<b>PROPOSED GRANT AWARD SCHEDULE VOCA 2010</b>	
Staff Review Committee Meeting	June 1 <sup>st</sup>
Crime Commission Grant Review Committee meets to consider recommendations for the Crime Commission	July 6 <sup>th</sup>
Letters mailed to applicants advising of Committee's recommendations	July 7 <sup>th</sup>
Crime Commission meets to make final funding decisions	July 23 <sup>rd</sup>
Letters mailed to applicants advising of Crime Commission's final funding decision	July 26 <sup>th</sup>

\*Tentative schedule

## **REQUIRED TRAINING**

Specific training about grant reporting requirements (Grant Management Training) and is **required for new and existing Project Directors and Fiscal Officer's**. The date of the training and the requirements of who must attend will be announced in the award letter.

## **SUBMISSION OF APPLICATION**

- Submit the grant as follows: 1 original and 18 complete sets of the grant application. Staple each set in the upper left-hand corner. Number pages in the lower right-hand corner.
  - Submit to: Nebraska Commission on Law Enforcement and Criminal Justice  
301 Centennial Mall South - 5<sup>th</sup> Floor  
P. O. Box 94946  
Lincoln, Nebraska 68509  
  
The Crime Commission is located on the 5<sup>th</sup> floor of the Nebraska State Office Building at 14<sup>th</sup> and M Streets (301 Centennial Mall South).
- Contact Person: Lisa Stamm, Federal Aid Administrator  
Victim Assistance Grants  
Phone (402) 471-3416 or  
[Lisa.Stamm@nebraska.gov](mailto:Lisa.Stamm@nebraska.gov)